

GlaxoSmithKline Oncology Fellowship Application <i>Follow instructions carefully. Do not exceed character length restrictions indicate.</i>		LEAVE BLANK—For Official use only	
		Activity: Clinical _____ Basic Science) _____	Number _____
		Review Date _____	Date Received _____
1. TITLE OF RESEARCH/TRAINING PROPOSAL (<i>Do not exceed 56 characters, including spaces and punctuation.</i>)			
2. NAME OF APPLICANT (<i>Last, First, Middle Initial</i>)		3. EMAIL ADDRESS	
4a. HIGHEST DEGREE(S)	4b. DATE OF EXPECTED DEGREE MM/YYYY:	4g. PERMANENT PHONE NUMBER (<i>Area Code and No.</i>)	
4c. PRESENT MAILING ADDRESS (<i>Street, City, State, Zip Code</i>)		4d. PERMANENT MAILING ADDRESS (<i>Street, City, State, Zip Code</i>)	
4e. OFFICE TELEPHONE NO. (<i>Area Code, No. and Ext.</i>)	4f. HOME TELEPHONE NO. (<i>Area Code and No.</i>)	4g. FAX NUMBER (<i>Area Code and No.</i>)	
5. CITIZENSHIP: UK <input type="checkbox"/> U.S. <input type="checkbox"/> NONCITIZEN NATIONAL of US <input type="checkbox"/> NONCITIZEN NATIONAL of UK <input type="checkbox"/> or PERMANENT RESIDENT OF US <input type="checkbox"/>			
6 PROPOSED AWARD DURATION			
From (MM/DD/YY):		Through (MM/DD/YY): (in months)	
7. SPONSOR AND HOME INSTITUTION INFORMATION			
7a <u>UK/CAMBRIDGE FELLOWS</u> GLAXOSMITHKLINE OTHER		7b <u>US/ NCI FELLOWS</u> NCI LABORATORY/BRANCH	
7c. NAME AND TEL. NO. OF HOME INSTITUTION ADVISOR/BRANCH CHIEF OR LABORATORY DIRECTOR Telephone: Address: Email:		7d NAME OF OFFICIAL IN HOME BUSINESS OFFICE Telephone: FAX: Title: Address: Email:	
8. PERFORMANCE SITE INFORMATION			
8a. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		8b. MAJOR SUBDIVISION/BRANCH	
8c. NAME AND ADDRESS OF BRANCH CHIEF, LABORATORY DIRECTOR OR CHAIRMAN OF THE DEPARTMENT Address: Telephone: Email:		8d. NAME OF PRINCIPAL INVESTIGATOR (if different) Address: Telephone: Email:	
9a. HUMAN SUBJECTS RESEARCH Yes No		9b. VERTEBRATE ANIMALS Yes No	
10. APPLICANT CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms and conditions of award if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.			
SIGNATURE (<i>Required of each applicant</i>)		DATE	

Name of Applicant (*Last, first, middle*):

APPLICANT'S BIOGRAPHICAL SKETCH

Do not exceed two pages

EDUCATION/TRAINING

(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

RESEARCH EXPERIENCE (*Do not exceed 2 pages*)

- a. Summary
- b. Doctoral Dissertation
- c. Postdoctoral experience
- d. Academic and Clinical Appointments
- e. Academic and Professional Honors (include dates and source of awards)
- f. Current Professional Affiliations
- d. Publications (published, accepted, submitted, or in preparation)

Name of Applicant (*Last, first, middle*): _____

SPONSOR'S BIOGRAPHICAL SKETCH			
NAME OF SPONSOR (CO-SPONSOR)		POSITION TITLE	
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i>)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed four pages. Items A and B may not exceed two of the four-page limit.

A. Positions and Honors. List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

B. Selected peer-reviewed publications (in chronological order). Do not include publications submitted or in preparation.

Name of Applicant (*Last, first, middle*): _____

RESEARCH TRAINING PLAN				
Approximate percentage of proposed award time in activities identified below				
Year	Research	Course Work	Teaching	Clinical
First				
Second				

RESEARCH TRAINING PROPOSAL

(Do not exceed 3 pages excluding Literature Cited. Use continuation pages).

1. Hypothesis and Specific Aims
1. Background and Significance
1. Research Design and Methods
1. Literature Cited
1. Facilities and Environment
1. Responsible Conduct of Research Statement
1. Human Subjects Approved Protocol (*if applicable*)
1. Vertebrate Animal Approved Protocol (*if applicable*)

Facilities and Host Institution Commitment

(To be completed by sponsor--follow PHS 416-1 instructions.)

SPONSOR'S PREVIOUS FELLOWS/TRAINEES

Give total number of pre- and postdoctoral individuals and provide information on a representative five

FACILITIES AND COMMITMENT STATEMENT

In the space below and on continuation pages, complete the following items. Identify each item by number and title.

A). Training Plan, Environment, Research Facilities. Describe the research training plan for the applicant; Include such items as classes, seminars, and opportunities for interaction with other groups and scientists. Describe the research environment and available research facilities and equipment. Include information that will help reviewing groups evaluate the applicant and the proposed training. Indicate the relationship of the proposed research training to the applicant's career. Describe the skills, techniques, etc., that the applicant will learn and relate these to the applicant's career goals.

b). Number of Fellows/Trainees to be Supervised During the Fellowship. Indicate Pre-or Postdoctoral.

c). Applicant's Qualifications and Potential for a Research Career.

d). Human Subjects/Vertebrate Animals Use and Description.

38. **CERTIFICATION:** We, the undersigned, certify that the statements herein are true, complete, and accurate to the best of our knowledge. If this application results in an award, appropriate training, adequate facilities, and supervision will be provided, and we accept the obligation to comply with the Public Health Service terms and conditions of award. We are aware that any false, fictitious, or fraudulent statement or claim may subject us to criminal, civil, or administrative penalties.

SIGNATURE	TYPED NAME	OFFICE TELEPHONE	DATE
PRINCIPAL INVESTIGATOR			
DEPARTMENT HEAD/DIRECTOR OF CCR			
OFFICIAL SIGNING FOR HOST INSTITUTION			

Application Process

Mail the Application package with appropriate signatures and submit with two letters of reference to:

Jonathan Wiest, Ph.D.
Office of Training and Education
Center for Cancer Research, NCI, NIH
31 Center Drive, Room 3A11
Bethesda, MD 20892
wiestj@mail.nih.gov

Letters of Reference

Applications will not be reviewed unless at least three (2) references are received with the application. Applicants are responsible for complete applications reaching Office of Education, CCR.

Submission Process

Forward reference forms to referees with sufficient lead time so that the completed forms will be part of the Application package. Fill out upper right corner before forwarding to referee. Referees should be provided with postage-paid return envelopes addressed to you with the following words in the front bottom left corner — ***DO NOT OPEN—OE/CCR USE ONLY***. Attach unopened references to the front of the original application and submit the entire package.

Note to the Referee

The applicant is applying for a competitive GlaxoSmithKline Fellowship from the National Cancer Institute, Bethesda, MD in cancer-related areas. Your assessment of the applicant's potential for a research career is requested. The references will be used by GSK committee in selecting applicants.

At least two references must be submitted with the application or the application will be returned. *Please complete this form and return it to the applicant.*

Although the Privacy Act of 1974 allows applicants to have access to personal information contained in their records, we have asked the applicant to provide you with a self-addressed envelope with — **DO NOT OPEN—OE/CCR USE ONLY** — in the front bottom left corner. Applicants are asked not to open the references in order to protect the confidentiality of the process. Thank you for your assistance.

Compare the applicant with other individuals of similar training and experience with whom you have been associated. Use the following numerical scores. Mark every block; insert "X" if insufficient knowledge to rate and "NA" if not applicable.	
1 - Outstanding -- comparable to the best individual in a current class or research laboratory (upper 5%)	
2 - Excellent -- upper 6 to 20%	4 - Good (Average) -- middle 41 to 60%
3 - Very Good (Above Average) -- upper 21 to 40%	5 - Fair (Below Average) -- lower 40%
Research Ability and Potential	Originality
Written and Verbal Communications	Laboratory Skills and Techniques, if relevant
Perseverance in Pursuing Goals	Scientific Background
Self-Reliance and Independence	Familiarity with Research Literature
Clinical Proficiency, if relevant	Ability to Organize Scientific Data

Describe your association with the applicant. Comment on the above items, including other areas as appropriate, identifying the strengths and weaknesses that should be considered in evaluating the applicant's potential for a research career. (Use continuation pages as necessary.)

DATES ASSOCIATED WITH APPLICANT		CAPACITY AT THAT TIME (<i>Teacher, dissertation advisor, supervisor, or other</i>) (Use continuation pages as necessary.)
RESPONDENT (<i>Name, title, department, and institution</i>)		
TELEPHONE NUMBER	SIGNATURE	DATE

